MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 08030 08035 **CERTIFICATE OF DEATH** Reg. Dist. No. 3 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Filed a. COUNTY Worcester 6. COUNTY MARYLAND Maryland Worcester b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neares) town) Brishody III's Life Bishopville d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE OR INSTITUTION ON A FARM? XXX YES NO THE 3. NAME OF 4. DATE Day Year DECEASED OF DEATH Helen R. Bishop July 5 (Type or print) 1957 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS Jost birthday) Female Months White 16. 1885 Days Feb WIDOWED TT DIVORCED T 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) Own home Maryland USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles Bishop Carrie King move 17. INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (If yes, give war ex-dates of service) Miss Lizzie Bishop Bishopville, Md. XXX 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH d PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) DUE TO Conditions, if any, which } coronar gave rise to immediate DUE TO cause (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART HIGH. WAS AUTOPS PERFORMED! YES AND 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year (County) (State) Hour o. j. foctory, street, office bldg., etc.) While Nat while at work of work p. m. 21. I certify that Lattended) the deceased from 192 / that I fast saw the deceased M, from the causes and an the date stated above alive an and that death occurred at ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATUR 0 PHYSICIAN'S NAME (Type) 220. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or county) (State) poge REMOVAL (Specify) Bishopville 0 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS -246. REGISTRAR'S SIGNATURE DATE

BUREAU V. S. ZSOT OT THE

					S CERTIFICA			18	18031
M	PLACE OF DEATH	99007			2. USUAL RESIDENCE (Where decease		Υ	efore admission)
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	and give nearest town)	em 4 1	E HONAL E		1.10			KUKAL ONG GIVE	negrest townj
	d. NAME OF HOSPITAL		If not in harnite	3 years	d. STREET ADDRESS	moke (City		e. IS RESIDENC
00	Front Str		is not in nospino	ii, give sileer dddress)	Fron	t Str	eet		ON A FARM
	3. NAME OF DECEASED	Fin	st	Middle	Lost	4. DATE	Mont	h Day	Yeor
	(Type or print)	Н.		Clarke	Bratten	DEATH		ly 25	1.
			7. MARRIED	NEVER MARRIED	-		9. AGE (In years fast birthday)		Hours Min.
-	Male	White	WIDOWED [January 18	,1887	70 yrs.	Months Days	Hours Min.
1 1	10a. USUAL OCCUPATION during most of working	(Give kind of work	done 10b. KINI	OF BUSINESS OR INDI	ISTRY 11. BIRTHPLACE (Stol	or foreign c	ountry)	12. CITIZEN C	OF WHAT COUNT
- //	Meat Cutt		G	rocery	Maryla	nd		USA	
	13. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME			
154	William F	. Bratte	en		Minnie :	P. Ste	evenson		
	15. WAS DECEASED EVER	IN U. S. ARMED FO		CIAL SECURITY NO. 17	INFORMANT		Address		
0	No.			J.	.C. Stevens	on. Po	ocomoke	City.	Md.
	18. CAUSE OF DEATH	[Enter only one cau	se per line for		11		1.	INT	ERVAL BETWEEN
	PART I. DEATH	WAS CAUSED BY		(doing	1 Hou	× 1	In P	DN!	SET AND DEATH
	1 511/4 "	MEDIATE CAUSE (a)	7)		1		Amount		
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	gave rise to immedia	le couse	1000	na ny	- CAN	my		1	
3 6	(o), stoting the unc								
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	PRIMARY OF CONTI	RIBUTING 🗆	D. DESCRIBE IN	OW INJURY OCCURRED.	(Enter nature of injury th Pa	rt I of Part II	of idem 18.)		
		that B V	last our		(/	//	//		
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	p. m.	19		of work					
	21. I certify tho	I I took charge	of the rem	noins described of	ove, held on Autop	y . Ir	spection 🛂	Inquiry L	and find th
- 9	deoth resulted for	om: Natural	causes Z	Accident . S	uicide [], Homicid	e [], Ui	ndetermined	couse .	
- 6	Carrie	M	Contract of the second	Kanan	_			_	
5	ACTUAL	1/800	Jane	1071-11	CHIEF MEDICAL E	XAMINER			DATE SIGNED
64	JOHN TONE				ASSISTANT MEDIC	AL EXAMINE	R 🗆 🗸	-	7/2/1
	EXAMINER'S NAME (Type)	N. E. S	lanton:	ine Cn	DEPUTY MEDICAL		_/	- 1	126
				. NAME OF CEMETERY				es esuphil	151-112
	220. BURIAL, CREMATION, REMOVAL (Specify) Burial	7-27-55	7 0	alem M.E.		1	FION (City, town,		(State)
	131111121			THE RESIDENCE OF THE PARTY OF T	Committee 1 to 1. A.	1 1 (((()))	moke Ci	1. V - W.34 T	100000000000000000000000000000000000000
		1			- N				
	23. FUNERAL DIRECTOR'S	1	otas	ADDRESS Po comol	24a. REC	D BY REGIST		STRAR'S SIGNATU	

BUREAU V. L.

BECEIVED

W)	, 0	LACE OF DEATH COUNTY	Worceste		H	ARYLAND	o. STATE Mar	where decea yland	b. COUNT		idence bef		
	ь	CITY OR TOWN III	outside corporate limits, write St. Mart		Accid		c. City or town (outside cor		RURAL	ond give no	earest to	wn)
00	d	. NAME OF HOSPIT	AL OR INSTITUTION (If not in hos	pital, give street a	ddress)	d. STREET ADDRESS	RF	D			ON	A FARM?
	-0	PAME OF DECEASED Type or print)	Richard		Alton		hell lost	4. DATE OF DEATH	July		Doy		9 57
	5. SI	Male	6. COLOR OR RACE White	7. MARRIE				1939	9. AGE (in years lost birthday) yrs.	Months	Days	IF UND Hours	ER 24 HR Min.
. 1	10a.	USUAL OCCUPATION	ON (Give kind of work		ce Plan		Maryla:	- 1	ountry)	12. C	USA		COUNT
)	13.	FATHER'S NAME Char	les Cathe	11	532		14. MOTHER'S MAIDEN Christee		lland				
0	15. (Yes.	WAS DECEASED EY	ER IN U. S. ARMED FO	and the state of	SOCIAL SECURITY		Chas. Cath	ell V	Address Malevv		wa.		
		PART I. DEA!	TH (Enter only one county one cou	工	frence	7 Seu	el, Cont +	Comp	ussion	7	INTER	T AND DEL	ATH
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



BUREAU V. E.

Reg. Dist. No. 33 3. 08032 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. (f institution: Residence before admission) a. COUNTY o. STATE filed Wordester MARYLAND Worcester Maryland death. b. CITY OR TOWN (If outside corporale limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) should Poc omoko Pocomoke City City d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 00 5th YES NO 5 th. Street NAME OF First Middle 4. DATE Lost Month Day Year DECEASED within 24 (Type or print) DEATH July 18 19 5 Sidney Collins John 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED W NEVER MARRIED Manths Days Min. DIVORCED T WIDOWED [popers. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? during most af working life, even if retired) puo UU.B.A. Minister Maryland Clergymen
13. FATHER'S NAME ofter 14. MOTHER'S MAIDEN NAME 50 physician hours James Collins Gale 15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 72 . Pocomoke City, Md. Mrs. Estella Colling No 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: **DUE TO** Conditions, if ony, which ? (b) gave rise to Immediate ped **DUE TO** casse (a), stating the underlying couse last PART N. OTHER SIGNIFICANT CONDITIONS CONFRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19 WAS AUTOPSY PERFORMED? YES NO W 200, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Manth. 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (State) (County) factory, street, office bldg., etc. o. m. While Nat while at work T at work 21. I certify that I attended the deceased fram. 195 Z, that I last saw the deceased alive on M, fram the causes and on the date stated above. and that death accurred at DIRECTOR: ADDRESS (Street, city or town, stole) DATE SIGNED ACTUAL SIGNATURE pe O HOSPITAL OR 0 0 PHYSICIAN'S NAME (Type) FUNER 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, fawn, or county) (Stole) REMOVAL (Specify) Halls Hill Come Burial Pocomoke City. Md. 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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BUREAU V. S!

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ive Page: Page 5	0		WAS DECEASED E	VER IN U. S. ARMED	of service)	SOCIAL SECURITY NO. 215-26-50'		nnie Davis	Y	Address Vhaleyv		, Má	i. R	FD
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ling" in I	0	NIN	PART II. O	THER SIGNIFICANT CO	ONDITIONS C	ONTRIBUTING TO SEATH	H BUT N	OT RELATED TO THE TERMI	NAUDISEAS	E CONDITION GIV	VEN IN PA		9. WAS A PERFO	AUTOPSY RMED?
d 'pend		CENTING	200. EXTERNAL OF PRIMARY DO CO CAUSE OF DEATH	USE WAS	20b. DESCRIE	E HOW INJURY OCCUR	RED. (E	nter nature of injury in Part Automobil		of item 18.)				
the working	23	MEDICAL	20c. TIME OF INJ		Whil		PLACE STOCK	E OF INJURY (Home, form, iry, street, office bldg., etc.)	20f. (City	marker		ounty)	ester	(State)
writing hief Med							dabo	ve, Held on Autops)	/ [], In	nspection [4]	Inqu	iry 四	-	
e certificate, to the Cl	a		ACTUAL SIGNATURE	lesman de RM DA	De Ro	Robbins		_M.D. CHIEF MEDICAL EX ASSISTANT MEDICAL PREPUTY MEDICAL E	L EXAMINE	R	7/2	6/5	DATE S	CEMOI
forwer the Forwer of Fundamental		22a	RURIAL, CREMATI	ON. 226. DATE THER	EEOF 57	22c. NAME OF CEMETE	RY OR		22d. LOCA	TION (City, town,		Nr.o.	(State)
7S. A15ME(5) 5M 9/55	PR.	23.	FUNERAL DIRECTO	Whel	y d	Muguel	Ne.		BY REGIST			IGNATUS 1.	Ber	gen

BUREAU V. E.

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1	MARTLAND STATE DEPARTMENT OF REALTH—BALTIMORE, 18	0.8035
	08938 CERTIFICATE OF DEATH	Dist. No.
director	1. PLACE OF DEATH O. COUNTY OF CELEBRATE MARYLAND 2. USUAL RESIDENCE (Where accessed leved. If institution Presidence of STATE of COUNTY) OF COUNTY OF COU	ence before/admission)
ild be	b. CITY OF TOWN (If outside corporate limits, write RURAL and RURAL and GOOD CONTROL OF STAY, IN 16 C. CITY OF TOWN (If outside corporate limits, write RURAL and RURA	give nearest town)
dy the d	d. NAME OF HOSPITAL (If not in hospitat, give street address) d. STREET ADDRESS d. STREET ADDRESS	e. 15 RESIDENCE ON A FARM? YES NO
Fille &	3. NAME OF DECEASED (Type or print) Nightle (Lost of Death Month) OF DEATH LOST	Day Year
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nd com	Hallewise our Hame Helling, mg	ITIZEN OF WHAT COUNTRY
sician o re carb rs offer	13. FATHER'S MAJOEN NAME (14. MOTHER'S MAJOEN NAME)	
ing phy	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT (Tel. no. or refuge)	uh mal
offending within	18. CAUSE OF DEATH [Enter only one couse per fine for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE [a] Concerning New York Tailing.	INTERVAL BETWEEN ONSET AND DEATH
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ol or of this cert r use os emotion	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. fn. p. m. 19 While Not while at work at work at work 19 while at work 19 while at work 19 while at work 19	(County) (Stole)
After the hospital After to the hospital character to the hospital character to the hospital	21. I certify that I attended the deceased from 9/15, to 7/9, 1952, that I alive on 7/8, 1967, and that death occurred at 145/PM, from the causes and on	last saw the decease
d by the	ACTUAL SIGNATURE Thomas L. Jones Nath SIZE, Market St. March Signature	DATE SIGNE
retaine	PHYSICIAN'S NAME (Type)	action and
moy be poge 3 the regi	222 BURIAL CREMATION, 200. DATE THEREOF 220 MAJE OF CEMETERY OF CREMATORY - 294 AOCATION (City, town, or country)	(State)
VS A15 [4]	13. EUNERAL DIRECTOR'S SUCHATURE . JADORESS . 240. REC'D BY REGISTRAR'S S DIATE.	IGNATURE
		and the trans

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DE ALLO TO

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH Rea, Dist. No.

e. IS RESIDENCE

IF UNDER 1 YEAR IF UNDER 24 HRS

Hours

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES 🗍 NO 🔼

> > (State)

(Stote)

12. CITIZEN OF WHAT COUNTRY?

Days

(County)

I last saw the deceased

Months

ON A FARM? YES DENO T

Year

BUREAU V. S.

mil 88 1925

BECEIVED

NEDICAL EXAMINER'S CERTIFICATE OF DEATH crematian Rea. Dist. No. 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY a. STATE b. COUNTY MARYLAND b. CITY OR TOWN BE O c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (It not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM omer YES TI NO NAME OF First Middle DECEASED (Type or print) DEATH SEX 6. COLOR OR RACE 7. MARRIED 9. AGE (In years NEVER MARRIED | 8. DATE OF BIRTH IFUNDER TYEAR IF UNDER 24 HR Months Davi WIDOWED T DIVORCED | 10g. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? 14. MOTHER'S MAIDEN NAME i 30 IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), opd (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Conditions, if eny, which gove rise to immediate cause **DUE TO** (o), stoting the underlying couse lost. PART II. OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(p) 19. WAS AUTOPSY PERFORMED? 20g. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18) CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or town) [County] (State) foctory, street, office bldg., etc.) While Nat while 6. m at work at work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy Inspection DC Inquiry and find that death resulted from: Natural causes Accident Suicide | Homicide | Undetermined cause . ACTUAL DATE SIGNED 00 SIGNATURE DEPUTY **EXAMINER'S** NAME (Type) PUTY MEDICAL EXAMINER 🖼 220. BUR AL, CREMATION, 226. DATE THEREOF 226. LOCATION (City, town, or county) ō (State) REMOVAL (Specify) 0 FUNERAL DIRECTOR'S SIGNATURE 240. RECID BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BANSALA.

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 08041 **CERTIFICATE OF DEATH** Reg. Dist. No. with he funeral director should be filed with death. Page). PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution; Residence before admission) D. COUNT a. STATEA b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) RURAL and, give nearest town) HALCVY (LLE VILLE ALEV d NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS . IS RESIDENCE OR INSTITUTION ON A FARM? YES NO IN NAME OF First 4. DATE OF DEATH Middle Lost Manth Day Year DECEASED (Type or print) 19 5 116 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9 AGE (In years IF UNDER I YEAR IF UNDER 24 HR 8. DATE OF BIRTH last birthday) Months Days Haurs WIDOWED FT DIVORCED T comple papers. 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? death. during most of working life, even if refired) D 6puo pou ofter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physicion 15 WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) tour 2. 3 . 1 **DUE TO** Š Conditions, if Dny, which gave rise to immediate **DUE TO** couse (a), stating the underansil. lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS **burial** PERFORMED? YES 🗍 NO 🖬 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Hame, farm, Day, Year 20d. INJURY OCCURRED 20f (City or town) (County) (State) Hour o. n. factory, street, office bldg., etc.) While Not while 19 of work at wark that I attended the deceased from Lithat I last saw the deceased alive an that death occurred at SULL ON from the causes and an the date stated above. ADDRESS (Street, city or town, state) ACTUAL SIGNATUR PHYSICIAN'S NAME (Type) FUNER 3 220. BURIAL CREMATION. 22b. DATE THEREOF 22C NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, tawn, or county) (State) REMOVAL (Specify) 20 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 15M 9/55 DATE

BUREAU V. K.

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08039

Reg. Dist. No....

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY WORCE STEP MARYLAND	STATE MARJANDOCOUNTY WORRESTE	J
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place)	CITY (If outside corpor la limits, write RURAL end give neerest lown) OR	
TOWN POCOMOKE Cite	TOWN Pocomoke City	
HOSPITAL OR INSTITUTION OR	STREET (If rurel give location) ADDRESS	
STREET ADDRESS RFD # 2 BX 310	K F. D # 2 Box 310	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Ye	ear)
(Type or Print) EDSP ANNA	E Well DEATH July 5 19	57
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE O	11. 6	R 24 HR
(Specify) Winning Sent	27 1819 70 yrs. Months Days Hours	Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUSTRY	11 BIRTHPLACE (Sieta or foreign country) 12. CITIZEN OF WI	HAT
reliad) Dimesth	VITGINIA COUNTRY?	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
John Handy	ANNIE TAULA	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS	
(Yes, no, or unk.) (If Yes, give wer or detes of service)	10 John JAMES EWEL	
DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION INTERVAL BET	WEEN
Caral and	ONSET AND	DEATH
Immediate GAOSE (A)	me to receive of the	472
DISEASES OR CONDITIONS, IF ANY, (B)	Act strusion 1 m	7
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO	01	
(Q		
TO THE DEATH BUT NOT RELATED TO THE	(6) Exhaustron 1 wh	
DISEASE OR CONDITION CAUSING DEATH. 196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION		*
444X	20. AUTOF YES N	10
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc.]	Tie. WHERE DID INJURY OCCUR? (City or town) (County) (Stat	ta)
(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED	211. HOW DID INJURY OCCUR?	
M. et work et work	an ion pp noon occor:	
22. I hereby certify that I attended the deceased from 5/9/	19 57 to JUN 4 19 57 that I last saw the d	acassa.
alive on J. U. V		
SIGNATURE	ADDRESS (Street, city, lown, state) DATE S	IGNE
to call to trospery M.D.	Geomoke Site, ma. 7/3/	57
23 BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR	CREMATORY LOCATION (City, town, or county)	(State)
Burial 1/8/57 WATTSVIL	le cem. WATTSVIlle, V	A.
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	
DATE !! White	Ellow Whodon - hew Church	1,6,.
- 1)		

BUREAU V. N.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. E.

70 5 1957

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) Crer o. COUNTY WORGESTER O. STATE MARYLAND b. COUNTY WORCESTER MARYLAND burial, b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAT SNOW HILL SNOW HILL 0 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? 108 FRANKLIN YES NO NAME OF First Middle 4. DATE Month Day Year DECEASED OF DEATH JULY 1957 RALPH (Type or print) LEVIN HALL 5. SEX 6. COLOR OR RACE 7- MARRIED NEVER MARRIED \$ 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYPAR IF UNDER 24 HRS. MALE WHITE Months Davi WIDOWED | DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S. VIRGINIA SCHOOLBOY 13. FATHER'S NAME HOY 14. MOTHER'S MAIDEN NAME HARRY HALL Poge 5 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address P.M.3. Po HARRY HALL no SNOW HILL IND 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c),] INTERVAL BETWEEN 15 min PART I. DEATH WAS CAUSED BY: ACCIDENTAL DROWNING IMMEDIATE CAUSE (a) along with far burial-transit DUE TO Conditions, if any, which gove rise to immediate couse **DUE TO** (o), stoling the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINALDISEASE CONDITION GIVEN IN PART 1(9) 19 WAS AUTOPSY PERFORMED? NO S 20g. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) CAUSE OF DEATH. DROWNED WHILE BATHING IN IRRIGATION POND ON A FARM 20c, TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 120f. (City or fown) (County) (Slote) factory, street, office bldg., etc.) Not while White Snow hill Md. Word at work of work 21. I certify that I taak charge of the remains described above, held an Autapsy , Inspection X Inquiry K, and find that death resulted from Natural couses . Accident to, Suicide , Hamicide , Undetermined cause DATE LIGNED ACTUAL CHIEF MEDICAL EXAMINER 00 SIGNATUR 7-4-57 ASSISTANT MEDICAL EXAMINER **EXAMINER'S** ROBERT C. LA MAR. M.D. NAME (Type) DEPUTY MEDICAL EXAMINER/ 22d LOCATION (City, town, or sounty) 270 BURIAL, CREMAT ON, 172c. NAME OF CEMETERY OR CREMATORY (Stote) ŏ EAOVAL (Specif NERAL DIRECTOR'S AR. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15ME(5) 5M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

08041



BUREAU V. Z.

luems by Rea. Dist. No. director, filed with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) · COUNTY 6 COUNT MARYLAND b. CITY OR TOWN (f outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give pagrest town) d NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARMS YES NO D NAME OF M ddle 4. DATE Lost Month DECEASED ÖF (Type or print) DEATH 6. COLOR OR RACE 7 MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS B DATE OF BIRTH P. AGE (In years lost birthdoy) Female Months Doys Hours WIDOWED T DIVORCED [YES 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) RID 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) bund d TOUS G VV 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician DSON 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address 18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY-Wice IMMEDIATE CAUSE (o) **DUE TO** CARCINOMA OF COLON á Conditions, if any, which gove rite to immediate **DUE TO** couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT COND TIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) IP WAS AUTOPSY PERFORMED? CHRONIC INTESTINAL hEniorraghs YES NO 200. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206 DESCRIBE HOW NIURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, | 20f (City or town) Doy, Year 20d. INJURY OCCURRED (County) factory, street, office bldg., etc.) Hour o.m. While Nof while at work of work OCTOBER 21. I certify that I attended the deceased fram. 199 / that Clast saw the deceased alive an and that death occurred at. M, fram the causes and an the date stated above DIRECTOR: ADDRESS (Street, city or lown, state) ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220 BURIAL CREMATION, 22b DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, lown, or county) (Stote) pode REMOVAL (Specify) LAGGN DUR IAI 0 246 REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATUR **ADDRESS** 240. REC'D BY REGISTRAR

MARYLAND STATE DEPARTMENT

HEALTH-BALTIMORE, 18

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(Stote)

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BUREAU V. 2

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18933 **CERTIFICATE OF DEATH** Reg. Dist. No. 35 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved. If institution: Residence before admission) a. COUNTY **b** COUNTY MARYLAND Worcester Marvland Norcester b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) Pocomoke City vears Pocomoke City d NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? Front Street Street Front YES NO X NAME OF 4. DATE Middle Month Day Year DECEASED 10 5 (Type or print) Albert Hundley Mariner DEATH July 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS lost birthdoy) Months Doys WIDOWED [DIVORCED TI Male yes. 100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? Wheelwright USA and Blacksmith Virginia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Amanda Ailsworth Cliver James Mariner 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17, INFORMANT Address Jermond Lee Mariner, Pocomoke, Md. 18. CAUSE OF DEATH [Enter only one couse per Vhe INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) DUE TO Conditions, if any, which gove rise to immediate **-DUE TO** cause (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPS PERFORMED? YES 🗍 NO PA 20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year (County) (State) factory, street, affice bldg., etc.) Hour c. n. While Not while of work at work p. m. 21. I certify that I attended the deceased from 19 & That I last saw the deceased alive an and that death occurred at G M, fram line causes and an the date stated above. ACTUAL SIGNATURE PHYSICIAN'S Pocomoke City, Maryland Sartorius Sr. 1. NAME (Type) 220. BURIAL, CREMATION. ZZC. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, fown, or county) (Stote) REMOVAL (Specify) Helson Cemetery Rural Pocomole City, Maryland 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a, REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE -DATE

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



VS A15C 1-55 10M-

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

08046 CERTIFICATE OF DEATH

Reg. Dist. No.

08044

1. PLACE OF DEATH	
	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY YYOTCESTER MARYLAND	STATE MG COUNTY YYOFCOSTCH
CITY (If outside corporate fimils, write RURAL LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
OR end give nearest town) TOWN (In this place)	V TOWN Berlin
HOSPITAL OR	
4NSTITUTION OR	ADDRESS
STREET ADDRESS	Mailway Ave
3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) Bessie	May DEATH July 24 1037
5. SEX 6. COLOR OR 7 SINGLE, MARRIED. 8. DATE O	
RACE WIDOWED, DIVORCED.	Months Davis Mayer Miles
(Spacify) V Tobr	4000 / Yrs.
IDB. USUAL OCCUPATION (Give kind of work done during most of working life, even if 2 OR INDUSTRY,	11. BIRTHPLACE (Siele or foreign country) 12. CITIZEN OF WHAT
rollred) Donestic NONE	Raleigh: N.C COUNTRY
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
I de férios	
Moses Jetteres	70000
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no pearly) (II Yes, glyp wer or detes of service)	17. INFORMANT & ADDRESS
No 1 C	Cothe Dudell- Jale
16. MEDICAL CER	
1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
IMMEDIATE CAUSE (A) Charle Corona	ery thromboses
ANTECEDENT CAUSE(S) DUE TO THE	10 1 1/
DISEASES OF CONDITIONS IS AND IN STANDARD ON BAR ASAND	Cardio - racular Disese 3/2 yrs
GIVING RISE TO THE ABOVE CAUSE LAST. DUE TO	
(C)	
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH.	
198. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
447	AE2 NO
21a. ACCIDENT WAS UNDERLYING [] 21b PLACE (Home, farm, factory, OR CONTRIBUTING [] CAUSE OF DEATH OF INJURY street, office bidg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
(IF EITHER, NOTIFY MEDICAL EXAMINER)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED White Not while	21f. HOW DID INJURY OCCUR?
M, at work at work	
22. I hereby cartify that I attended the decased from 11-16	1953 to 7-73, 1957, that I last saw the deceased
7 -2 7	31 1 1 last saw the deceased
alive on 7 2 7, 19 5 /, and that death occurred at	3:13 AM, from the causes and on the date stated above.
The Charles	ADDRESS (Street, city, town, stele) DATE SIGNED
Scoty of School JE M.O.	weren, med 1/24/
23 BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR	CREMATORY LOCATION (City, town, or county) (Stayle)
Durin 1-275/ Elegan	is Com la la la must
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
ALIC 1 1007 2/1/ 17/2//	1 King Mittelesh
DATE 12 US SHEEN Stalepound	A LUCITION

BUREAU V. S.

AUG I 1957

1		MARYLAND STATE DEPARTM	ENT OF HEALTH—BALTIN	MORE, 18 () 8 () 45
7 05 M 1	L	08047 CERTIFICA	ATE OF DEATH	Reg. Dist. No. 550
Poge directo		PLACE OF DEATH OF CULTUS MARYLAND	2. USUAL RESIDENCE (Where deceased liver o. STATE	d If institution. Residence before admission) b. COUNTY
funeral fund be fi	6	CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b RURM and give nearest lawy) RURM NUMBER 33 30 48 48	c CITY OR TOWN (If buside corporate)	limits, write RURAL and give nearest town
urs after		d. NAME OF HOSP TAL (If not in hospital, give street oddress) OR INSTITUTION	d. STREET ADDRESS	IS RESIDENCE ON A FARM? YES NO
filled if		NAME OF DECEASED (Type or print) Middle	Parker 4. DATE OF DEATH	Month Day Year
pletely is. Page	5	nale boland WIDOWED DIVORCED DI	41165 14-1813 17	GE (II years of UNDER I YEAR IF UNDER 24 HRS of bidbdoy) Months Days Hours Min.
nd com		USUAL OCCUPATION (Give kind of work done 106. KIND OF BUSINESS OR INDU-	STRY OF BIRTH PLACE (Stote or foreign country)	12. CHIZEN OF WHAT COUNTRY
icion of affect of the be	13.	FATHER'S NAMED Parker	14. MOTHER'S MAIDEN NAME MILLO JUMAN	· • • • • • • • • • • • • • • • • • • •
ng phys remov 72 hour	15. (Ye:	WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. III	NFORMANT Parkel	Address Mal
attendi n pleas		18. CAUSE OF DEATH [Enter only one cause per line for (5), (6), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c)	m ed Runtet 3	Ber 35 INTERVAL VETWEEN ONSET, AND DEATH
by the it. The y even		Conditions, if any, which) (b) Congestive	heart faile	ne 27 day
in. signed signed it perm nd in or		gove rise to immediate couse (o), stating the under lying cause lost.	ne Cardio - man	Mardeeun Surul
physicic as been color and	FICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CON	NDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
AN: The ending ficate he burn or rem	CERTIFIC	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Port I or Port II of	
H or oth lis certil use os motion,	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. pt. P. While of work of work	ACE OF INJURY (Home, form, ctory, street, office bldg , etc.)	own) (County) (State)
baspito After the the defer hed for rial, cre		21. I certify that I attended the deceased from.	6 , 19 56, to 6/26	, 1957_,that I last saw the decease
by the CCTOR: c detoc		ACTUAL AS THE THE ACTUAL ACTUAL ACTUAL		e causes and on the date stated above (ity or town, state) DATE SIGNE
AL OR estained rat prior		SIGNATURE PHYSICIAN'S NAME (Type)	4.0.	1/13/
HOSPIT by be r HUNER, nge 3 st registi	mo	BURBAL, CREMATION, 25. DATE THEREOF 22c NAME OF CEMETERY OF	REPREMATORY 22d ADCATION	(City, town, or county) (Stote)
2 E 2 & E	23.	PLYMERAL DIRECTOR'S BUSINAPPIRE ADDRESS !	24a. REC'D BY REGISTRAR	24b. REGISTRAR'S SIGNATURE
VS A15 (4) 15M 9/55	7	Commo Inon/Nell), MI	DATE 7/3/57	Melen Hayward

BILEAU V. E.

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DEAL THE

/]			MARYSAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08046
19 E			0804 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
shauld by		1.	PLACE OF DEATH o. COUNTY Worcester ARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) o. STATE Maryland b. COUNTY Wicomico
ary. I age 4		t	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
to bu		_	Berlin(Rural) Salisbury
The state of the s	7 -	ξ	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) R. D. # (Route 274) Libertytown Rd d. STREET ADDRESS o. IS RESIDENCE ON A FARM? YES \(\sum \) NO \(\sum \)
dig di		3.	NAME OF First Middle Lost A DAYS Month Day You
uner yau egist			(Type or print) WILLIAM RAY PARKS DEATH JULY 22 nd 19 57
d to the first		5. 5	lost burhday) Manths Days Haurs Min.
a ta la		100	Male White Widowed Divorced August 14, 1927 29 yrs William Country? USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
p p p p	1	0	during most of working life, even if retired) Oute Salesman(Koester Bakery Co.) Tangier Island, Virginia USA
s after	,		FATHER'S NAME 14, MOTHER'S MAIDEN NAME
hour ges 1 5 m			Wesley Parks Etta Parks
Page		15. (Yes	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Mrs. Alberta Ruth Parks (Wife) 204 Record St.
A. G. F.			NO Saliabury, Maryland 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN
Perm Perm			PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Schock DE C to CIF. 13 Scull & Car of Brain mercita
Item h far nsit			DUE TO + Julperune) 7 neight of finence; (
be of will in sal-tra			gave rise to immediate cause (1) for 3 & Rebetes & Elma, RV Ferrur, L. Clavelle
hauld n penc olong a burie			(0), stating the underlying DUE TO THE & 7-8 Rills Rt., Compression, Result & Result
Office of as		CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY PERFORMED? YES NO 19
certif pend per's ner's		TIFIC	200. EXTERNAL CAUSE WAS PRIMARY For CONTRIBUTING CAUSE OF DEATH. CAUSE OF DEATH. CAN ENTER AN ABELLEWEY IN ROLL MEDICAL CONTRIBUTION
This rd		k .	
the wa dicol E		MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, 120f. (City or town) (County) (State) 8 Hour o. m. 7/22/196 at work of work of work of work of work of the state of the s
Ting Me Pog			21. I certify that I taok charge of the remains described above, held a Autoply . Inspection . Inquiry , and find that
Chief OR English			death resulted fram: Natural causes, Accident, Suicide, Hamicide, Undetermined cause
DIC/ icate the (REC)			SIGNATURE RELIGION CA. / CARPINETED DATE SIGNED
A Sertification	and.		ASSISTANT MEDICAL EXAMINER 7 7/2 2/5
# # # B			EXAMINER'S NAME (Type)Dr. Herman A. Robbins DEPUTY MEDICAL EXAMINER (2)
farw for w		22a	S. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, Iown, or county) (State)
5 , 5 ,		22	Burial July 25,1957 Swain Meth. Church Cometery Tangier Taland, Virginia FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240, REC'D BY REGISTRAR 240, REGISTRAR 24
VS. A15ME(5)		1	OLLOWAY & COMPANY FUNERAL HOME - SALISBURY, MD. DATE
5M 9/55			101 95 1057



10r 25 1057

RECEIVED

	MARYLAND STAT	E DEPARTMENT OF HEALTH	-BALTIMORE, 18	08048.
	08049	CERTIFICATE OF DEATH		1001251
1.	o. COUNTY Warcistu	MARYLAND 2 USUAL RESIDENCE (Who	te declosed lived If institution, Relidence b. COUNTY May A	te before admission)
	RURAC and give nearest towns.	H OF STAY IN 16 c. CITY OR TOWN (F ou	thde corporate limits, write RURAL and g	give nearest lown)
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS	y war	• IS RESIDENCE ON A FARM? YES NO
3	NAME OF DECEASED (Type or print)	Middle Bedden	4. DATE OF DEATH	Day Year / 14 1947
5	SEX 6. COLOB OR RACE 7. MARRIED N N	EVER MARRIED 8 DATE OF BIRTH		YEAR IF UNDER 24 HRS Days Hours Min
- //	o USUAL OCCUPATION (Give kind of work done 106 KIND OF dulting nost of working life, even if returne)	BUSINESS OR INDUSTRY 11. BIRTHPLACE (Store of	CAT J/ / /	ZEN OF WHAT COUNTRY
1	FATHER'S NAME	14. MOTHER'S MADEN NA	megi bland	
19	WAS DECEASED EVER HYU. S ARMED FORCES? 16. SOCIAL SI	CURITY NO. 17. INFORMANT	Redding Ala	idlotice mi
· -	18. PAUSE OF DEATH [Enter only one couse per line for (o),	(b), and (c).] Yar male	a:	INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (a) DUE TO	enary or district	1 1 1	15 min
	Canditions, if any, which gave rise to immediate couse (a), stating the under-	moscerone M	yocarditis	unknow
2	Part B. OTHER SIGNIFICANT CONDITIONS CONTRIBU	ING TO DEATH BUT NOT RELATED TO THE TERMIN	IAL DISEASE CONDITION GIVEN IN PART	1(a) 19 WAS AUTOPSY PERFORMED?
CITACINA	20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HON	V INJURY OCCURRED. (Enter nature of injury in Po	art I ar Port II af item 18.)	YES NO
MEDICAL	20c. TIME OF INJURY Manth, Day, Year 20d INJURY OC Hour a. st. Not of wark at w	while factory, street, affice bldg., etc.)	20f. (City or town) (C	County) (State)
	21. I certify that I attended the deceased from		, , , – , .	ast saw the deceased
	1 12 2	and that death occurred at 1.45/	.M, from the causes and on th DORESS (Street, city or town, stote)	ne date stated abave DATE SIGNES
	ACTUAL SIGNATURE SIGNATURE	M.D.	************	
_	PHYSICIAN'S NAME (Type)			
	194401 - wy 1/57 Oh	WE OF CEMETERY OR CREMATORY LINE CONTROLLER	MULLILLE 2,	mG (Stote)
, 23	FUNERAL DIRECTOR'S SIGNATURE ADDRESS AND ADDRESS ADDRE	NOW WILL MA DATE	BY REGISTRAR 24b. REGISTRAR'S SIG	NATURE BELL
. =	9-			The state of the s

TE BESIDAL OF ATTENDING ENTICIAN: The log requires that the digit certificate be executed within 24 hours after death? Page 4,

VS A15 (4) 15M 9/55

BUREAU V. E

10r 16 1957

4	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
8 5 7	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 100 121 3 17
should	1. PLACE OF DEATH a. COUNTY D. C.
oge 4	b. CITY OR TOWN (If outside corporate himsts, write SURAL c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write SURAL and give nearest town)
tor. P	d NAME OF HOSPITAL GRUNSTITUTION (If not in hospital Dive street address) d. STREET/ADDRESS e. IS RESIDENCE ON A FARM?
CONTRACTOR OF THE PROPERTY OF	BEACH AT JOYCHESTOV JT 1/026 W. KING VES NOW.
r yak	OPERASED REISER DEATH JULY 25 1957
t and the	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH OUT TO BOTH DOYS HOURS MIN. 1. SEX OUT TO BOTH DOYS HOURS MIN. 1. SEX OUT DOYS HOURS MIN. 1. SEX OUT DOYS HOURS MIN. 1. SEX OUT DOYS HOURS MIN.
d 2 vije	100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY) 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? 13. DIRTHPLACE (Stote or foreign country) 14. CP R 15. CITIZEN OF WHAT COUNTRY?
is a and in a second se	13. FATHER'S NAME
Pages oge 5 e page	15. WAS DECEASED EYER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. SHFORMANT Address 10.2 L W 17. N. 9
Give Till	18. CAUSE OF DEATH [Enter only one cause per fine for (o), (b), and (c).]
n 18. Irm PA Permi	PART I. DEATH WAS CAUSED BY! (OVONAVY DECLUSION ACUTE Summerly
in Iter in Iter rousith fo	Conditions, if ony, which) on Corousing artiry disease 5400
pencil pencil olong v burial	gove rise to Immediate cause (a), stating the underlying couse last. (c)
ore standard or a d	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMEDS
pendir perdir peris C	YES NO EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of Item 18.)
Examinould to	CAUSE OF DEATH.
dicol	County) 20c. TIME OF INJURY Month, Day, Year Hoer o. m. 19
rAAr writing ief Me ief Me	21. I certify that I took charge of the remains described above, held an Autopsy , Inspection Inquiry , and find that death resulted from Natural causes , Accident , Suicide , Hamicide , Undetermined couse .
cote, y	ACTUAL SIGNATURE M.D. CHIEF MEDICAL EXAMINER [] DATE SIGNED
Vol.	EVAMINER'S TIME ASSISTANT MEDICAL EXAMINER []
Tremo	720. BURIAL CREMATION. 122b. DATE THEREOF. 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, fown, or county) (Signal)
2 2 2 5	PENOVA SPECIFY 7 27 57 ADDRESS 1. 1240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
/S. A15ME(5) 5M P/SS	Anna It Burbage Berlin Mari DO 1000 Heren For Theyward
	J L 60 193/

BURFAU V. A.

10L 29 1957

BECENED

1.	1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (1.205.0)
8 8	X	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
should	J	1. PLACE OF DEATH a. COUNTY O. STATE MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If Institution, Residence before admission) b. COUNTY C. STATE D. C. C. S. T. F. A. C. C. C. C. C. S. T. F. A. C. C. C. C. C. S. T. F. A. C. C. C. C. S. T. F. A. C.
Page 4	10	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ond give nearest pown) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
rector.	M	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS o. IS RES DENCE ON A FARM? YES \(\text{VES} \) NO (X)
neral d. your	•	3. NAME OF DECEASED (Type or print) BRUCE LEAN SPENCE DEATH JULY 19 1957
the further the form	r	5. SEX 6. COLOR OF RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE In years IF UNDER 14 HRS. 1001 birthdoy) (78) yes. Months Doys Hours Min.
ond 3 to e retoir ed 2 with	1.	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) Our ing most of working life, even if retired) DAY WG2 K NEWARK IND U. S A
s 1, 2, s may b	(13. FATHER'S NAME JOSEPH SPENCE AMAN DA COLLINS
re Poge Poge		15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT I'Ves, no. of unknown) I'll yes, give wor or delays of service) DOLLIE SHOCKLEN BERLIN 1/1
18. G m PM3. permit		18. CAUSE OF DEATH [Enter only one couse per line for (g); (b) and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Shock due Multiply Fracture such
in Item with for transit	/	813 X DUE TO Conditions, If ony, which to + Confuguins & F.C.C. Scull + Lac of Brain
pencil olong		gove rise to immediate couse (0), stating the underlying DUE TO couse lost. (c) F. C. C. Ro Tipin & Fibrila, F. S. Ro Clavide & Internet Angel
ling" in Office	U	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
d ''pend miner's Id be us		200. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING D CAUSE OF DEATH. 200. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of Item 18.). Struck & cause of Death.
the wor Faal Exa		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (State) 8 3 febr o. m. 7/19/ 195 of work of wo
riting ief Med		21. I certify that I took charge of the remains described above, Keld on Autopsy , Inspection Inquiry , and find that death resulted from: Natural causes , Accident , Suicide , Hamicide , Undetermined cause .
ficate, the Character Char		ACTUAL SIGNATURE
he certi	noval.	EXAMINER'S HERMAN A. ROBBINS, MODIFICAL EXAMINER D 7/22/5-)
cute t forwo	b b	220 BURIAL, CREMATION, 220. DATE THEREOF 200. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 7 22/57 CEDAR CHAPEL NEWARL
S. A1SME(5	9	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS DELLE MY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE 7/24/57 26 4 F. Harmand
2		

FUREAU V. E.

10F SR 1067

BECEIVER

1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (1805)
* 25	08052 CERTIFICATE OF DEATH Reg. Dist. No. 3
directo directo	1. PLACE OF DEATH O. COUNTY O. STATE O. STATE De. COUNTY O. STATE
er al	b. CTY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town)
by the fun 2 should	d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. S. RESIDENCE ON A FARM? YES \(\sum \) NO []
24 hou	3. NAME OF DECEASED (Type or print) John July Long Trader DEATH July 5 195-7
d within	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18 B. DATE OF BIRTH Jemale white widowed No Divorced Ques. 22, 1873 9 ACT (In years WUNDER 1 YEAR IF UNDER 24 MRS) Min Widowed No Divorced Ques. 22, 1873 9 ACT (In years WUNDER 1 YEAR IF UNDER 24 MRS)
e be executed on ond camp corbon paper define death.	100 USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. (ARTHPLACE (Stole or foreign country) 12 CITIZEN OF WHAT COUNTRY dufing most of working life, even if retired) 4. S.A.
cian on cian on sofler	13. FATHER'S NAME D. Long Tatione McCabe
certificate ng physicia remave of 72 haurs of	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO 17. INFORMANT (Yes you for with round) (It yes give wor or dates of service) Margine, I I I rader to a chosen the
the death ne ottendin hen please ant within	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ONSET AND DEATH ONSET AND DEATH
\$ 4 ± 5	Scordificate if one which
equires the particular of the permit.	gave rise to immediate cottle (a), stoting the under. lying cause fost. (b) DUE TO
e law req physician. as been si al-transit aval, and	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
AN: The ending income he buri	20a ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
PHYSICI bis certil use as smotian,	20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED Hour a. m. p. m. 19 While Not while of work of wor
After the After the formula creation, creations and the formula creations are creations and the formula creations are creations and the formula creations and the formula creations are creations and the formula creations are creations and the formula creations and the formula creations and the formula cr	21. I certify that I attended the deceased from 7/5, 1957, to 7/5, 1957, that I last saw the deceased alive on 7/5, and that death occurred at 12 2 M, from the causes and on the date stated above
t ATTEN 1 by the ECTOR: or to bu	ACTUAL SIGNATURE
retoine	PHYSICIAN'S NAME (Type)
May be TUNER Poge 3 the regis	220 BURIAL, CREMATION, 226 DATE THEREOD 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) Semoval (Specify) July 7-1957 Down
VS A15 (4)	23 FUNERAL DIRECTOR'S SECNATURE ADDRESS 240. REC'D BY REGISTRAR'S SIGNATURE HOLDER 1957/ may 1/200/1909
1	The state of the s

BUKEAU V. S.

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OF ALLE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** 08053Rea. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) o. COUNTY b COUNTY Wordester MARYLAND Maryland "orcester b CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL oad give negrest town)
BIShopvil Life Bishopville d. NAME OF HOSPITAL (If not in haspital, give street address)
OR INSTITUTION d STREET ADDRESS e. IS RESIDENCE ON A FARM? XXX YES NO TO NAME OF First Middle 4. DATE Lost Month Day Year DECEASED Walter J. DEATH (Type or print) Warren July 19 57 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED TO B. DATE OF BIRTH 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS last birthday) Months Male Hours Min. White Mav WIDOWED I DIVORCED ["] 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY Metal Worker Melaware USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Josliah Warren Olevia Rayne hours remove 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 218 Clarence Warren Bishopville, Md. CAUSE OF DEATH [Enter only one cause per liste for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) DUE TO Conditions, if any, which) permit gove rise to immediate **DUE TO** cause (a), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS ALTOPSY PERFORMED? YES TO NO P 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Hame, farm, 20f. (City or lawn) Year 20d INJURY OCCURRED (County) (Stote) factory, street, affice bldg., etc.) a. n. While Not while at work at work 21. I certify that I attended the deceased from Lithat I last sow the deceased and that deoth occurred at-M, fram the causes and an the date stated above. ACTUAL PHYSICIAN'S NAME (Type) 220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stole) aßod BREMOVAL (Specify) 0 0 Bishopvi 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a, REC'D BY REGISTRAR 24b. REGISTRÁR'S SIGNATURE DATE

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

BUREAU V. E.

10L 26 1957

BECEIVED

	力	LACE OF DEATH	RCESTER)4	MARYLAI	O STATE	esidence (wi	nere deceased	lived. If institu	Reg. Dist. Notion: Residence be	
	Ь	. CITY OR TOWN (and give nearest low	(Il outside corporate limit in) SNOW HI		c. LENGTH OF STAY IN		Hill	outside corpor	rote limits, write	RURAL and give n	nearest fown)
00	d	NAME OF HOSPI	TAL OR INSTITUTIO	ON (If not in he	spital, give street address)	d. STREET	ADDRESS	1			ON A FARM?
		NAME OF DECEASED Type or print)	JAM		Middle	WRIGHT		OF DEATH	July	19	Year 1 5 7
	5.5	nale	Color OF R	WIDOW	DIVORCED DIVORCED KIND OF BUSINESS OR INC	april 27	1-1930	2	AGE (In years lost birthday) 7-2-59	Months Days	Hours Min.
1	I	uring most of working aborer FATHER'S NAME	ing life, even if reti	red)	w Hill Cannir	g Co.	Md.	now!	Ville	U	
		JAMES	WRIGHT					POWE			
0	15. {Yes.	N O	VER IN U. S. ARMEI Ilf yes, give war or do	tos of service)	50CIAL SECURITY NO. 1	lsie Tow	nsend	Snow	Hill ,	Md. Ru	naltt-1
			ATH [Enter only one ATH WAS CAUSED I IMMEDIATE CAUS	Yr Dan	for (a), (b), and (c).] pture of Hear	t				INTE	EVAL BETWEEN ET AND DEATH NONG
		Conditions, if a gave rise to Imme (a), stoting the cause fost.	underlying DUE	(b) Bulle	et wound						
ò	FICATION		Possibly	had bee	ontributing to DEATH B n drinking al	coholic	bever	ages			PERFORMED?
	L CERTII	200. EXTERNAL CA PRIMARY TO CO CAUSE OF DEATH	•	N	E HOW INJURY OCCURRED), (Enter noture of i	injury in Port	or Part II of	item 18.)		
	MEDICA	Hour o.m.		19 Whi	e Not while ork of work	PLACE OF INJURY factory, street, offic	ce bidg., etc.)			(County)	(State)
					remains described o				_		
		EXAMINER'S NAME (Type)	ROBERT C.	LA MAR	Ja/nar M.D.	ASSIST.	MEDICAL EXA ANT MEDICAL Y MEDICAL EX	EXAMINER (7	-20-57
2								Salari Len			

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please ever

VS.

BUREAU V. S.

10 83 1057

DECENTED